

United States Bankruptcy Court Northern District of Illinois						Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Jackson-Hill, Alodia L				Name of Joint Debtor (Spouse) (Last, First, Middle):			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 5239				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):			
Street Address of Debtor (No. & Street, City, State & Zip Code): 649 N Latrobe Chicago, IL				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):			
ZIPCODE 60644				ZIPCODE			
County of Residence or of the Principal Place of Business: Cook				County of Residence or of the Principal Place of Business:			
Mailing Address of Debtor (if different from street address)				Mailing Address of Joint Debtor (if different from street address):			
ZIPCODE				ZIPCODE			
Location of Principal Assets of Business Debtor (if different from street address above):				ZIPCODE			
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.			
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000							
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion							
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion							

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Jackson-Hill, Alodia L	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: NDIL	Case Number: 01-24575	Date Filed: 07-12-2001	
Location Where Filed: N/A	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. <div style="display: flex; justify-content: space-between;"> X <u>/s/ Troy L Gleason</u> 9/11/08 </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Signature of Attorney for Debtor(s) Date </div>	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: center; margin-top: 10px;"> _____ (Name of landlord or lessor that obtained judgment) </div> <div style="text-align: center; margin-top: 10px;"> _____ (Address of landlord or lessor) </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Jackson-Hill, Alodia L
Signatures		
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X <u>/s/ Alodia L Jackson-Hill</u> Signature of Debtor Alodia L Jackson-Hill X _____ Signature of Joint Debtor _____ Telephone Number (If not represented by attorney) September 11, 2008 Date	Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X _____ Signature of Foreign Representative _____ Printed Name of Foreign Representative _____ Date	
Signature of Attorney* X <u>/s/ Troy L Gleason</u> Signature of Attorney for Debtor(s) Troy L Gleason 6276510 Printed Name of Attorney for Debtor(s) Gleason & Gleason Firm Name 77 W Washington, Ste 1218 Address Chicago, IL 60602 (312) 578-9530 Telephone Number September 11, 2008 Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.	Signature of Non-Attorney Petition Preparer I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. _____ Printed Name and title, if any, of Bankruptcy Petition Preparer _____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) _____ Address X _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above. _____ Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X _____ Signature of Authorized Individual _____ Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date		

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United States Bankruptcy Court
Northern District of Illinois

IN RE:

Jackson-Hill, Alodia L

Debtor(s)

Case No. _____

Chapter 13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Alodia L Jackson-Hill

Date: September 11, 2008

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United States Bankruptcy Court
Northern District of Illinois

IN RE:

Case No. _____

Jackson-Hill, Alodia L

Chapter 13

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 300,000.00		
B - Personal Property	Yes	3	\$ 10,435.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 214,146.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5		\$ 12,879.08	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 4,857.52
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 4,522.00
TOTAL		17	\$ 310,435.00	\$ 227,025.08	

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United States Bankruptcy Court
Northern District of Illinois

IN RE:

Case No. _____

Jackson-Hill, Alodia L

Chapter 13

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 3,235.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 3,235.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 4,857.52
Average Expenses (from Schedule J, Line 18)	\$ 4,522.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 5,720.79

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 12,879.08
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 12,879.08

IN RE Jackson-Hill, Alodia L Debtor(s) Case No. (If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
2-Flat (Residence) located at 649 N Latrobe, Chicago, IL 60644			300,000.00	214,146.00
TOTAL			300,000.00	

(Report also on Summary of Schedules)

IN RE Jackson-Hill, Alodia L

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on Hand		50.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Account w/ LaSalle Bank		5.00
		Savings Account w/ Bank of America		30.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Misc Household Goods		1,250.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books, Pictures, Cds, DVDs, and other Collectibles		250.00
6. Wearing apparel.		Clothing		250.00
7. Furs and jewelry.		Misc Costume Jewelry		100.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term life - through work - No cash surrender value		0.00
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401(k) w/ Current Employer - 100% Exempt		5,000.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE Jackson-Hill, Alodia L

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2002 Chevy Trailblazer		3,500.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			

IN RE Jackson-Hill, Alodia L Debtor(s) Case No. (If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				10,435.00

0 continuation sheets attached

(Include amounts from any continuation sheets attached.
 Report total also on Summary of Schedules.)

IN RE Jackson-Hill, Alodia L Case No. _____
 Debtor(s) _____ (If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
 (Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

- ☐ 11 U.S.C. § 522(b)(2)
☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<u>SCHEDULE A - REAL PROPERTY</u>			
2-Flat (Residence) located at 649 N Latrobe, Chicago, IL 60644	735 ILCS 5 §12-901	15,000.00	300,000.00
<u>SCHEDULE B - PERSONAL PROPERTY</u>			
Cash on Hand	735 ILCS 5 §12-1001(b)	50.00	50.00
Checking Account w/ LaSalle Bank	735 ILCS 5 §12-1001(b)	5.00	5.00
Savings Account w/ Bank of America	735 ILCS 5 §12-1001(b)	30.00	30.00
Misc Household Goods	735 ILCS 5 §12-1001(b)	1,250.00	1,250.00
Books, Pictures, Cds, DVDs, and other Collectibles	735 ILCS 5 §12-1001(b)	250.00	250.00
Misc Costume Jewelry	735 ILCS 5 §12-1001(b)	100.00	100.00
401(k) w/ Current Employer - 100% Exempt	735 ILCS 5 §12-1006(a)	5,000.00	5,000.00
2002 Chevy Trailblazer	735 ILCS 5 §12-1001(c) 735 ILCS 5 §12-1001(b)	2,400.00 1,100.00	3,500.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 5475936226 Hsbc Mortgage Corp Usa 2929 Walden Ave Depew, NY 14043		First Mortgage account opened 7/07 Residence at:649 N Latrobe, Chicago, IL 60644 VALUE \$ 300,000.00				214,146.00	
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
Subtotal (Total of this page)						\$ 214,146.00	\$
Total (Use only on last page)						\$ 214,146.00	\$

0 continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

IN RE Jackson-Hill, Alodia L

Debtor(s)

Case No.

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

IN RE Jackson-Hill, Alodia L

Debtor(s)

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. xxx-xx-5239 Americash Loans Attn Bankruptcy 880 Lee St Ste 302 Des Plaines, IL 60016-6487		Payday Loan				350.00
ACCOUNT NO. Americash Loans 1117 S 1st Ave Maywood, IL 60153-2311		Assignee or other notification for: Americash Loans				
ACCOUNT NO. 514730-514730 City Of Chicago - Water Dept PO Box 6330 Chicago, IL 60680-6330		Water Bill for Residence at: 649 N Latrobe, Chicago, IL 60644				675.11
ACCOUNT NO. 5095994200 City Of Chicago Bureau Of Parking Department Of Revenue 333 S State St Ste 540 Chicago, IL 60604-3992		Parking Tickets				500.00

4 continuation sheets attached	Subtotal (Total of this page)	\$ 1,525.11
(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	Total	\$

IN RE Jackson-Hill, Alodia L Debtor(s) Case No. (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4447960119135174 Credit One Bank Po Box 98873 Las Vegas, NV 89193		Revolving account opened 4/03				764.00
ACCOUNT NO. xxx-xx-5239 Fast And Reliable Cash Advance LLC 110 W 9th St Ste 946 Wilmington, DE 19801-1618		Payday Loan				350.00
ACCOUNT NO. 603220338279 Gemb/walmart Po Box 103106 Roswell, GA 30076		Revolving account opened 8/07				283.00
ACCOUNT NO. G31191133 Gottlieb Memorial Hospital 701 W North Ave Melrose Park, IL 60160		Medical/ Dental Bill				474.97
ACCOUNT NO. Powers & Moon 707 Lake Cook Rd Ste 102 Deerfield, IL 60015		Assignee or other notification for: Gottlieb Memorial Hospital				
ACCOUNT NO. 5407-9150-1870-5951 Hsbc Bank Po Box 5253 Carol Stream, IL 60197		Revolving account opened 5/03				221.00
ACCOUNT NO. Loyola University Health Sys.		Open account opened 5/05				120.00

Sheet no. 1 of 4 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ 2,212.97

Total
 (Use only on last page of the completed Schedule F. Report also on
 the Summary of Schedules, and if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.) \$

IN RE Jackson-Hill, Alodia L

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Nationwide Credit And Co 9919 W Roosevelt Rd Ste 101 Westchester, IL 60154		Assignee or other notification for: Loyola University Health Sys.				
ACCOUNT NO. Midtown Physicians S.c.		Open account opened 7/07				109.00
ACCOUNT NO. Dependon Collection Se Po Box 4833 Oak Brook, IL 60523		Assignee or other notification for: Midtown Physicians S.c.				
ACCOUNT NO. Northern II Emer Occ Med.		Open account opened 6/03				153.00
ACCOUNT NO. Kca Financial Svcs Po Box 53 Geneva, IL 60134		Assignee or other notification for: Northern II Emer Occ Med.				
ACCOUNT NO. Northern II Emer Occ Med.		Open account opened 6/03				153.00
ACCOUNT NO. Kca Financial Svcs Po Box 53 Geneva, IL 60134		Assignee or other notification for: Northern II Emer Occ Med.				

Sheet no. 2 of 4 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **415.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Jackson-Hill, Alodia L

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Oak Park Open Mri		Open account opened 7/07				1,828.00
ACCOUNT NO. Total Recovery Service 5130 Executive Blv Fort Wayne, IN 46808		Assignee or other notification for: Oak Park Open Mri				
ACCOUNT NO. xxx-xx-5239 Payday Loan Store Of Illinois 10354 W Roosevelt Rd Westchester, IL 60154-2521		Payday Loan				450.00
ACCOUNT NO. 350003685 Peoples Engy 130 E. Randolph Drive Chicago, IL 60602		Open account opened 6/04				1,429.00
ACCOUNT NO. 601801111288 Rogers And Hol 20821 Cicero Ave. Mattteson, IL 60443		Revolving account opened 1/07				1,217.00
ACCOUNT NO. 90517256861000220071106 Sallie Mae Servicing 1002 Arthur Dr Lynn Haven, FL 32444		Installment account opened 11/07				1,952.00
ACCOUNT NO. 90517256861000120070625 Sallie Mae Servicing 1002 Arthur Dr Lynn Haven, FL 32444		Installment account opened 6/07				1,283.00

Sheet no. **3** of **4** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **8,159.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Jackson-Hill, Alodia L

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. St Anthony Emergency Physician		Unknown account opened 9/06				217.00
ACCOUNT NO. Medical Collections Sy 725 S. Wells Ave Ste 700 Chicago, IL 60607		Assignee or other notification for: St Anthony Emergency Physician				
ACCOUNT NO. xxx-xx-5239 The Little Loan Shoppe - America 90 W 500 S # 2001 Bountiful, UT 84010-6230		Payday Loans				350.00
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. **4** of **4** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **567.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$ **12,879.08**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

IN RE Jackson-Hill, Alodia L

Debtor(s)

Case No.

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): Son / Daughter Son / Daughter Son / Daughter	AGE(S): 14 10 4
EMPLOYMENT: DEBTOR		SPOUSE
Occupation Name of Employer How long employed Address of Employer	Operator AT & T 13 years PO Box 8100 Aurora, IL	Operations Clerk Domtar Paper Company 1 years 350 South Rohlwing Road Addison, IL 60101

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ 2,720.79	\$ 2,000.00
2. Estimated monthly overtime	\$	\$
3. SUBTOTAL	\$ 2,720.79	\$ 2,000.00
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ 507.61	\$ 400.00
b. Insurance	\$ 273.26	\$
c. Union dues	\$ 41.21	\$
d. Other (specify) See Schedule Attached	\$ 41.19	\$
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 863.27	\$ 400.00
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 1,857.52	\$ 1,600.00
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$	\$
8. Income from real property	\$ 1,400.00	\$
9. Interest and dividends	\$	\$
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$	\$
11. Social Security or other government assistance (Specify)	\$	\$
12. Pension or retirement income	\$	\$
13. Other monthly income (Specify)	\$	\$
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ 1,400.00	\$
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 3,257.52	\$ 1,600.00
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ 4,857.52	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
None

IN RE Jackson-Hill, Alodia L

Case No. _____

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)
Continuation Sheet - Page 1 of 1

	DEBTOR	SPOUSE
Other Payroll Deductions:		
Charitable	2.17	
SSP Loan	34.69	
Cope CWA 4	4.33	

IN RE Jackson-Hill, Alodia L

Debtor(s)

Case No.

(If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 1,738.00
a. Are real estate taxes included? Yes ___ No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes ___ No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 299.00
b. Water and sewer	\$ 100.00
c. Telephone	\$ 50.00
d. Other Cell Phone	\$ 100.00
Cable And Internet	\$ 75.00
3. Home maintenance (repairs and upkeep)	\$ 25.00
4. Food	\$ 550.00
5. Clothing	\$ 100.00
6. Laundry and dry cleaning	\$ 50.00
7. Medical and dental expenses	\$ 50.00
8. Transportation (not including car payments)	\$ 300.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$
10. Charitable contributions	\$
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ 210.00
b. Life	\$
c. Health	\$
d. Auto	\$ 225.00
e. Other	\$
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) Property Taxes	\$ 250.00
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$
b. Other Spouse's Car Payment	\$ 300.00
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other Child Care	\$ 100.00
	\$
	\$

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 4,522.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:
None

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$ 4,857.52
b. Average monthly expenses from Line 18 above	\$ 4,522.00
c. Monthly net income (a. minus b.)	\$ 335.52

IN RE Jackson-Hill, Alodia L

Debtor(s)

Case No.

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 19 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: September 11, 2008 Signature: /s/ Alodia L Jackson-Hill
Alodia L Jackson-Hill

Debtor

Date: _____ Signature: _____
(Joint Debtor, if any)
[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Page 25 of 49
United States Bankruptcy Court
Northern District of Illinois

IN RE:

Case No. _____

Jackson-Hill, Alodia L

Chapter 13

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
31,435.00	2006 income from employment
29,459.00	2007 income from employment
0.00	2008 income from employment (monthly)

2. Income other than from employment or operation of business

- None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors**Complete a. or b., as appropriate, and c.**

- None ☒ **a. Individual or joint debtor(s) with primarily consumer debts:** List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☐ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602	8/15/2008	

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☐ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

- None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

- None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

- None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: September 11, 2008 Signature /s/ Alodia L Jackson-Hill
of Debtor **Alodia L Jackson-Hill**

Date: _____ Signature _____
of Joint Debtor
(if any)

_____ **0** continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

United States Bankruptcy Court
Northern District of Illinois

IN RE:

Case No. _____

Jackson-Hill, Alodia L

Chapter 13

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 21

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: September 11, 2008

/s/ Alodia L Jackson-Hill

Debtor

Joint Debtor

Jackson-Hill, Alodia L
649 N Latrobe
Chicago, IL 60644

Gottlieb Memorial Hospital
701 W North Ave
Melrose Park, IL 60160

Sallie Mae Servicing
1002 Arthur Dr
Lynn Haven, FL 32444

Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602

Hsbc Bank
Po Box 5253
Carol Stream, IL 60197

The Little Loan Shoppe - America
90 W 500 S # 2001
Bountiful, UT 84010-6230

Americash Loans
1117 S 1st Ave
Maywood, IL 60153-2311

Hsbc Mortgage Corp Usa
2929 Walden Ave
Depew, NY 14043

Total Recovery Service
5130 Executive Blv
Fort Wayne, IN 46808

Americash Loans
Attn Bankruptcy
880 Lee St Ste 302
Des Plaines, IL 60016-6487

Kca Financial Svcs
Po Box 53
Geneva, IL 60134

City Of Chicago - Water Dept
PO Box 6330
Chicago, IL 60680-6330

Medical Collections Sy
725 S. Wells Ave Ste 700
Chicago, IL 60607

City Of Chicago Bureau Of Parking
Department Of Revenue
333 S State St Ste 540
Chicago, IL 60604-3992

Nationwide Credit And Co
9919 W Roosevelt Rd Ste 101
Westchester, IL 60154

Credit One Bank
Po Box 98873
Las Vegas, NV 89193

Payday Loan Store Of Illinois
10354 W Roosevelt Rd
Westchester, IL 60154-2521

Dependon Collection Se
Po Box 4833
Oak Brook, IL 60523

Peoples Engy
130 E. Randolph Drive
Chicago, IL 60602

Fast And Reliable Cash Advance LLC
110 W 9th St Ste 946
Wilmington, DE 19801-1618

Powers & Moon
707 Lake Cook Rd Ste 102
Deerfield, IL 60015

Gemb/walmart
Po Box 103106
Roswell, GA 30076

Rogers And Hol
20821 Cicero Ave.
Matteson, IL 60443

**United States Bankruptcy Court
Northern District of Illinois**

IN RE:

Case No. _____

Jackson-Hill, Alodia LChapter **13**

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **3,500.00**

Prior to the filing of this statement I have received \$ _____

Balance Due \$ **3,500.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
 - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:
Litigation/Adversary Proceedings
Motions to Redeem \$400.00
Credit Education Fees

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 11, 2008

Date

/s/ Troy L Gleason

Signature of Attorney

Gleason & Gleason

Name of Law Firm

at&t
ILLINOIS BELL
TELEPHONE COMPANY
ONE AT&T CENTER, 28TH FLR.
ST. LOUIS, MO 63101

Statement of Earnings, Taxes and Allowments
PERS NO. 00211568

649 N. LA TROBE
CHICAGO IL 60644


CURRENT RATE 16.9125		THIS PERIOD		YTD		CHECK DATE 08/21/2008		PAY FROM 08/03/2008		PERIOD TO 08/16/2008		MISCELLANEOUS PAYMENT INFORMATION	
TOTAL COMPENSATION		1,162.73		20,690.02		FED S 02		0.00		0.00		REGULAR HOURS PAID	
MAGS		-		15.56		IL H 02		0.00		0.00		UNPAID TIME OFF	
NOT SUBJECT TO INCOME TAX		-		-		REFUND AND DEDUCTIONS THIS PERIOD		19 EIN = 36-1253600		-		STD RECOVERY CURRENT YEAR	
HEALTH		-		-		VISION-PRETX		-		-15.56		-	
INCOME TAX WITHHELD		-		94.19		UNION DUES CMA-DIST 4 A		-		-19.02		-	
SOC SEC MEDICARE		36.20%		28.30		SSP LOAN		-		-16.01		-	
AFTER-TAX DEDUCTIONS RECOVERY AMOUNT		-		68.02		COPE-CMA 4		-		-2.00		-	
NET DIRECT DEPOSIT		-		15.91		EMPLOYEE GIVING/IM		-		-1.00		-	
W-2 MAGS		784.72		106.03		FIXED DDP		-		-68.00		-	
FED		1,097.17		20,015.54		OTHER YEAR-TO-DATE INFORMATION		-		-		-	
SOCIAL SECURITY		1,097.17		20,015.54		CURRENT		1,097.17		20,015.54		-	
MEDICARE		1,097.17		20,015.54		YTD		-		-		-	

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ALODIA L JACKSON 649 N. LATROBE CHICAGO IL 60644				Statement of Earnings, Taxes and Allotments PERS NO. 00211568				 ILLINOIS BELL TELEPHONE COMPANY ONE AT&T CENTER, 28TH FLR. ST. LOUIS, MO 63101			
CURRENT RATE 16.9125		THIS PERIOD	YTD	W-4 MS EXP ADDL		CHECK DATE 07/10/2008		FED S 02 0.00		PAY FROM 06/22/2008	
TOTAL COMPENSATION		1,255.75	17,375.18	IL M 02 0.00		PERIOD TO 07/05/2008		T9 EIN = 34-1253600			
WAGES NOT SUBJECT TO INCOME TAX		HEALTH	93.36	REFUNDS AND DEDUCTIONS THIS PERIOD				MISCELLANEOUS PAYMENT INFORMATION			
				SUPL LIFE-AFTX -15.12 DEPENDENT LIFE M/U-AFTX -34.00 DEPENDENT LIFE-AFTX -9.00 UNION DUES CWA-DIST 4 A -19.02 SSP LOAN -16.01 COPE-CWA 4 -2.00 EMPLOYEE GIVING/UN -1.00 FIXED DOP -68.00				REGULAR HOURS PAID 59.00 UNPAID TIME OFF 21.00 OT HOURS PAID 7.50 PREMIUM HOURS PAID 7.75 STD RECOVERY CURRENT YEAR -50.00			
INCOME TAX WITHHELD		FED IL	110.48 31.56	668.90 441.84							
SOC SEC MEDICARE		06.20% 01.45%	74.75 17.49	1,046.67 244.79							
AFTER-TAX DEDUCTIONS RECOVERY AMOUNT			164.15 50.00	2808 LIMITS SOC SEC TX 4,324.00 WGS 102,000							
NET DIRECT DEPOSIT			807.32								
W-2 WAGES		CURRENT	YTD	W-2 WAGES		CURRENT	YTD	OTHER YEAR-TO-DATE INFORMATION			
FED SOCIAL SECURITY MEDICARE		1,205.75 1,205.75 1,205.75	16,881.82 16,881.82 16,881.82	IL		1,205.75	16,881.82				


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ALODIA L JACKSON 649 N. LATROBE CHICAGO IL 60644				Statement of Earnings, Taxes and Allotments PERS NO. 00211568							
CURRENT RATE 16.9125		THIS PERIOD	YTD	W-4 MS EXP ADDL	CHECK DATE 06/12/2008	ILLINOIS BELL TELEPHONE COMPANY ONE AT&T CENTER, 28TH FLR. ST. LOUIS, MO 63101					
TOTAL COMPENSATION		1,348.78	14,787.57	FED EXEMPT IL M 02 0.00	PAY FROM 05/25/2008 PERIOD TO 06/07/2008 T9 EIN = 36-1253600						
WAGES NOT SUBJECT TO INCOME TAX	HEALTH		77.80	REFUNDS AND DEDUCTIONS THIS PERIOD		MISCELLANEOUS PAYMENT INFORMATION					
				SUPPL LIFE-AFTX -15.12 DEPENDENT LIFE-AFTX -9.00 UNION DUES CWA-DIST 4 A -19.02 SSP LOAN -16.01 COPE-CWA 4 -2.00 EMPLOYEE GIVING/UW -1.00 FIXED DDP -68.00		REGULAR HOURS PAID 79.75 UNPAID TIME OFF 0.25 STD RECOVERY CURRENT YEAR -50.00					
INCOME TAX WITHHELD	FED IL	34.35	438.86 376.91								
SOC SEC MEDICARE	26.20% 91.45%	80.53 18.85	893.41 208.94								
AFTER-TAX DEDUCTIONS RECOVERY AMOUNT		130.15 50.00	2008 LIMITS SOC SEC TX 6,324.00 WCS 102,000								
NET DIRECT DEPOSIT		1,034.92									
W-2 WAGES	CURRENT	YTD	W-2 WAGES	CURRENT	YTD	OTHER YEAR-TO-DATE INFORMATION					
FED SOCIAL SECURITY MEDICARE	1,298.78 1,298.78 1,298.78	14,409.77 14,409.77 14,409.77	IL	1,298.78	14,409.77						

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ALODIA L JACKSON 649 N. LATROBE CHICAGO IL 60644				Statement of Earnings, Taxes and Allotments PERS NO. 00211568					
CURRENT RATE 16.9125				THIS PERIOD	YTD	W-4 MS EXP ADDL	CHECK DATE 06/26/2008	ILLINOIS BELL TELEPHONE COMPANY ONE AT&T CENTER, 28TH FLR. ST. LOUIS, MO 63101	
TOTAL COMPENSATION				1,331.86	16,119.43	FED S 02 0.00 IL M 02 0.00	PAY FROM 06/08/2008 PERIOD TO 06/21/2008	19 EIN = 36-1253690	
WAGES NOT SUBJECT TO INCOME TAX				HEALTH 15.56	93.36	REFUNDS AND DEDUCTIONS THIS PERIOD			
						MISCELLANEOUS PAYMENT INFORMATION			
						VISION-PRETX -15.56 UNION DUES CWA-DIST 4 A -19.02 SSP LOAN -16.01 COPE-CWA 4 -2.00 EMPLOYEE GIVING/UW -1.00 FIXED DDP -68.00			
INCOME TAX WITHHELD				FED 119.56 IL 33.37	558.42 410.28	REGULAR HOURS PAID 78.75 UNPAID TIME OFF 1.25 STD RECOVERY CURRENT YEAR -50.00			
SOC SEC 36.20% MEDICARE 21.45%				78.51 18.36	971.92 227.30				
AFTER-TAX DEDUCTIONS RECOVERY AMOUNT				106.03 50.00		2008 LIMITS SOC SEC TX 6,324.00 WGS 102,000			
NET DIRECT DEPOSIT				910.47					
W-2 WAGES		CURRENT	YTD	W-2 WAGES		CURRENT	YTD	OTHER YEAR-TO-DATE INFORMATION	
FED		1,266.30	15,676.07	IL		1,266.30	15,676.07		
SOCIAL SECURITY		1,266.30	15,676.07						
MEDICARE		1,266.30	15,676.07						


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ALODIA L JACKSON 649 N. LATROBE CHICAGO IL 60644				Statement of Earnings, Taxes and Allotments PERS NO. 00211568				 ILLINOIS BELL TELEPHONE COMPANY ONE AT&T CENTER, 28TH FLR. ST. LOUIS, MO 63101			
CURRENT RATE 16.9125		THIS PERIOD	YTD	W-4 HS EXP ADDL		CHECK DATE 07/24/2008					
TOTAL COMPENSATION		964.01	18,339.19	FED S 02 0.00 IL M 02 0.00		PAY PERIOD FROM 07/06/2008 PERIOD TO 07/19/2008					
						T9 EIN = 36-1253600					
WAGES NOT SUBJECT TO INCOME TAX		HEALTH	15.56	108.92		REFUNDS AND DEDUCTIONS THIS PERIOD		MISCELLANEOUS PAYMENT INFORMATION			
						VISION-PRETX -15.56 UNION DUES CWA-DIST 4 A -19.02 SSP LOAN -16.01 COPE-CWA 4 -2.00 EMPLOYEE GIVING/UW -1.00 FIXED DDP -68.00		REGULAR HOURS PAID 53.25 UNPAID TIME OFF 26.75 PREMIUM HOURS PAID 3.75 STD RECOVERY CURRENT YEAR -50.00			
INCOME TAX WITHHELD		FED IL	64.38 22.34	733.28 464.18							
SOC SEC MEDICARE		26.20% 21.45%	55.71 13.02	1,102.38 257.81							
AFTER-TAX DEDUCTIONS RECOVERY AMOUNT			106.03 50.00	2008 LIMITS SOC SEC TX 6,324.00 MGS 102,000							
NET DIRECT DEPOSIT			636.97								
W-2 WAGES		CURRENT	YTD	W-2 WAGES		CURRENT	YTD	OTHER YEAR-TO-DATE INFORMATION			
FED SOCIAL SECURITY MEDICARE		898.45 898.45 898.45	17,780.27 17,780.27 17,780.27	IL		898.45	17,780.27				

Non-Negotiable Check Stub - Detach and Retain for Your Records

← DETACH CHECK ALONG THIS PERFORATION →

THE BACK OF THIS CHECK CONTAINS A SECURITY MARK - DO NOT ACCEPT WITHOUT HOLDING AT AN ANGLE TO VERIFY SECURITY MARK

NON-NEGOTIABLE
PLEASE RETAIN PAYCHECK STUB FOR YOUR RECORDS



Security
Features
Details on
Back

Certificate Number: 00437-ILN-CC-004763106

CERTIFICATE OF COUNSELING

I CERTIFY that on August 26, 2008, at 9:25 o'clock AM MDT,

Alodia Jackson-Hill received from

Black Hills Children's Ranch, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the
Northern District of Illinois, an individual [or group] briefing that complied
with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of
the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: August 26, 2008

By /s/Rhonda Bossman

Name Rhonda Bossman

Title Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Case No. _____

Jackson-Hill, Alodia L

Debtor(s)

Chapter 13**DECLARATION REGARDING ELECTRONIC FILING**

Signed by Debtor(s) or Corporate Representative

To Be Used When Filing over the Internet**PART I - DECLARATION OF PETITIONER**Date: 8/23/08

A. To be completed in all cases.

I (We) Alodia L Jackson-Hill and _____, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

- ☐ I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

- ☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: _____

Alodia L Jackson-Hill
(Debtor or Corporate Officer, Partner or Member)

Signature: _____

(Joint Debtor)

Tax and Credits

Standard Deduction for -

• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.

• All others:

Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

37 Amount from line 36 (adjusted gross income)

38a Check ☐ You were born before January 2, 1940, ☐ Blind. Total boxes ☐
if: ☐ Spouse was born before January 2, 1940, ☐ Blind. checked ☒ 38a

b If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here ☐ 38b

39 Itemized deductions (from Schedule A) or your standard deduction (see left margin)

40 Subtract line 39 from line 37

41 If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33

42 Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-

43 Tax. Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972

44 Alternative minimum tax (see page 35). Attach Form 6251

45 Add lines 43 and 44

46 Foreign tax credit. Attach Form 1116 if required

47 Credit for child and dependent care expenses. Attach Form 2441

48 Credit for the elderly or the disabled. Attach Schedule R

49 Education credits. Attach Form 8863

50 Retirement savings contributions credit. Attach Form 8880

51 Child tax credit (see page 37)

52 Adoption credit. Attach Form 8839

53 Credits from: a ☐ Form 8396 b ☐ Form 885954 Other credits. Check applicable box(es): a ☐ Form 3800b ☐ Form 8801 c ☐ Specify

55 Add lines 46 through 54. These are your total credits

56 Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-

Other Taxes

57 Self-employment tax. Attach Schedule SE

58 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required

60 Advance earned income credit payments from Form(s) W-2

61 Household employment taxes. Attach Schedule H

62 Add lines 56 through 61. This is your total tax

Payments

63 Federal income tax withheld from Forms W-2 and 1099

64 2004 estimated tax payments & amount applied from 2003 return

65a Earned income credit (EIC)

b Nontaxable combat pay election ☐ 65b

66 Excess social security and tier 1 RRTA tax withheld (see page 54)

67 Additional child tax credit. Attach Form 8812

68 Amount paid with request for extension to file (see page 54)

69 Other payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885

70 Add lines 63, 64, 65a, & 66 through 69. These are your total payments

71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid

72a Amount of line 71 you want refunded to you

b Routing number 071002053 c Type: ☒ Checking ☐ Savings

d Account number 10877981357605239

73 Amount of line 71 you want applied to your 2005 estimated tax

74 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55

75 Estimated tax penalty (see page 55)

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? ☒ Yes. Complete the following. ☐ No

Designee's name

Phone no.

Personal ID number

HR BLOCK

(773) 650-1289

(PIN) 12520

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

For Info Only-Do not file

OPERATIONS MANA

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

For Info Only-Do not file

Paid

Preparer's signature

Date

Check if self-employed

Preparer's SSN or PTIN

1/29/2005

Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP code

EIN 43-1862223

Phone no. (708) 863-1245

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning

Your first name and initial Last name
ALODIA L JACKSON

If a joint return, spouse's first name and initial Last name

Home address (number and street). If you have a P.O. box, see page 16. Apt. no.
649 N LATROBE 2

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.
Chicago IL 60644

OMB No. 1545-0074

Your social security number
357-60-5239

Spouse's social security number

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

Presidential Election Campaign ☐ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ☐ You ☐ Spouse

Filing Status
1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ☒ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.

Exemptions
6 a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
b ☐ Spouse
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) Check if qualifying child for child tax credit (see pg 19)
ALBERT JACKSON 320-90-9400 Son ☒
TAHJ HILL 321-04-3010 Son ☒
d Total number of exemptions claimed 3

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2 28,308
8a Taxable interest. Attach Schedule B if required
b Tax-exempt interest. Do not include on line 8a
9a Ordinary dividends. Attach Schedule B if required
b Qualified dividends (see page 23)
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here
14 Other gains or (losses). Attach Form 4797
15a IRA distributions 15a b Taxable amount (see page 25)
16a Pensions and annuities 16a b Taxable amount (see page 25)
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E (8,100)
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits 20a 16,065 b Taxable amount (see page 27)
21 Other income
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 21,829
23 Educator expenses (see page 29)
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ
25 Health savings account deduction. Attach Form 8889
26 Moving expenses. Attach Form 3903
27 One-half of self-employment tax. Attach Schedule SE
28 Self-employed SEP, SIMPLE, and qualified plans
29 Self-employed health insurance deduction (see page 30)
30 Penalty on early withdrawal of savings
31a Alimony paid b Recipient's SSN
32 IRA deduction (see page 31)
33 Student loan interest deduction (see page 33)
34 Tuition and fees deduction (see page 34)
35 Domestic production activities deduction. Attach Form 8903
36 Add lines 23 through 31a and 32 through 35
37 Subtract line 36 from line 22. This is your adjusted gross income 21,829

Adjusted Gross Income

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 78.

EEA

Form 1040 (2005)

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning 2006 Page 44 of 49

OMB No. 1545-0074

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.	L Your first name and initial ALODIA L	A Last name JACKSON	B Your social security number 357-60-5239
E If a joint return, spouse's first name and initial	E Last name	E Spouse's social security number	
H Home address (number and street). If you have a P.O. box, see page 16.	H Apt. no.	H You must enter your SSN(s) above.	
E City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.	E City, town or post office, state, and ZIP code	E Checking a box below will not change your tax or refund.	
Presidential Election Campaign	Chicago	IL	60644
1 <input type="checkbox"/> Single	4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.		
2 <input type="checkbox"/> Married filing jointly (even if only one had income)			
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.			
5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)			

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg 19)
ALBERT	JACKSON	320-90-9400	Son	<input checked="" type="checkbox"/>
TAHJ	HILL	321-04-3010	Son	<input checked="" type="checkbox"/>

d Total number of exemptions claimed **3**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **31,435**

8a Taxable interest. Attach Schedule B if required

8b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

9b Qualified dividends (see page 23)

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions **15a** Taxable amount (see page 25)

16a Pensions and annuities **16a** Taxable amount (see page 26)

17 Rental real estate, royalties, partnerships, S corporation, trusts, etc. Attach Schedule E **(10,511)**

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits **20a** Taxable amount (see page 27) **3,444**

21 Other income

22 Add the amounts in the right column for lines 7 through 21. This is your total income **24,368**

Adjusted Gross Income

23 Archer MSA deduction. Attach Form 8853

24 Certain business expenses: reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction (see page 29)

30 Penalty on early withdrawal of savings

31a Alimony paid **31a** Recipient's SSN

32 IRA deduction (see page 31)

33 Student loan interest deduction (see page 33)

34 Jury duty pay you gave to your employer

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 31a and 32 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income **24,368**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 80.

FFA Form 1040 (2006)

38 Amount from line 37 (adjusted gross income)		24,368
Tax and Credits		
39a Check <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked 39a <input type="checkbox"/>		
b If your spouse itemizes on a separate return or you were a dual-status alien, see pg 34 & check here 39b <input type="checkbox"/>		
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)		7,550
41 Subtract line 40 from line 38		16,818
42 If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d		9,900
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		6,918
44 Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972		693
45 Alternative minimum tax (see page 39). Attach Form 6251		693
46 Add lines 44 and 45		693
47 Foreign tax credit. Attach Form 1116 if required		47
48 Credit for child and dependent care expenses. Attach Form 2441		48 693
49 Credit for the elderly or the disabled. Attach Schedule R		49
50 Education credits. Attach Form 8863		50
51 Retirement savings contributions credit. Attach Form 8880		51
52 Residential energy credits. Attach Form 5695		52
53 Child tax credit (see page 42). Attach Form 8901 if required		53
54 Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859		54
55 Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form		55
56 Add lines 47 through 55. These are your total credits		693
57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-		0
Other Taxes		
58 Self-employment tax. Attach Schedule SE		58
59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		59
60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		60
61 Advance earned income credit payments from Form(s) W-2, box 9		61
62 Household employment taxes. Attach Schedule H		62
63 Add lines 57 through 62. This is your total tax		0
Payments		
64 Federal income tax withheld from Forms W-2 and 1099		2,293
65 2006 estimated tax payments and amount applied from 2005 return		65
66a Earned income credit (EIC)		1,037
b Nontaxable combat pay election 66b <input type="checkbox"/>		66b
67 Excess social security and tier 1 RRTA tax withheld (see page 60)		67
68 Additional child tax credit. Attach Form 8812		2,000
69 Amount paid with request for extension to file (see page 60)		69
70 Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 1136 c <input type="checkbox"/> Form 8885		70
71 Credit for federal telephone excise tax paid. Attach Form 8913 if required		50
72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments		5,380
73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid		5,380
74a Amount of line 73 you want refunded to you. Form 8888 is attached, check here <input type="checkbox"/>		5,380
b Routing number <input type="text" value="01200505"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		74a
d Account number <input type="text" value="537905702"/>		74a
75 Amount of line 73 you want refunded to you. 2007 estimated tax		75
76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62		76
77 Estimated tax penalty (see page 62)		77
Do you want to allow another person to discuss this return with the IRS (see page 63)? <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No		
Third Party Designee		
Designee's name <input type="text"/> Phone no. <input type="text"/> Personal identification number (PIN) <input type="text"/>		
Sign Here		
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Joint return? <input checked="" type="checkbox"/> Your signature <input type="text" value="42873"/> Date <input type="text" value="01-29-2007"/> Your occupation <input type="text" value="ACCOUNT REPRESENTATIVE"/> Daytime phone number <input type="text" value="773-447-3331"/>		
Spouse's signature, if a joint return, both must sign. <input type="text"/> Date <input type="text"/> Spouse's occupation <input type="text"/>		
Paid Preparer's Use Only		
Preparer's signature <input type="text" value="Aamed Pryor"/> Date <input type="text" value="02-17-2007"/> Check if self-employed <input checked="" type="checkbox"/> Preparer's SSN or PTIN <input type="text" value="351-54-3905"/>		
Firm's name (or yours if self-employed), address, and ZIP code <input type="text" value="Pryor Instant Tax Service"/> EIN <input type="text" value="37-1527879"/>		
<input type="text" value="1131 W Lake Street"/> <input type="text" value="Oak Park"/> <input type="text" value="IL 60301"/> Phone no. <input type="text" value="708-280-5443"/>		

Form 1040

Label
(See instructions on page 12.)
Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

Filing Status
Check only one box.

Exemptions

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 83.

EEA

Form 1040 (2007)

For the year Jan. 1-Dec. 31, 2007, or other tax year beginning 2007, ending		OMB No. 1545-0074	
Your first name and initial ALODIA L		Last name JACKSON	
If a joint return, spouse's first name and initial		Last name	
Home address (number and street). If you have a P.O. box, see page 12. 649 N LATROBE		Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. Chicago IL 60644		You must enter your SSN(s) above.	
Your social security number 357-60-5239		Spouse's social security number	
<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.		<input checked="" type="checkbox"/> Head of household (with qualifying person). (See page 13.) If the qualifying person is a child but not your dependent, enter this child's name here. <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 14)	
6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input type="checkbox"/> Spouse c Dependents:		Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see page 16) Dependents on 6c not entered above Add numbers on lines above	
(1) First name Last name ALBERT JACKSON TAHJ HILL		(2) Dependent's social security number 320-90-9400 321-04-3010	
		(3) Dependent's relationship to you Son Son	
		(4) Check if qualifying child for child tax credit (see pg 15) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
d Total number of exemptions claimed		3	
7 Wages, salaries, tips, etc. Attach Form(s) W-2		7 29,459	
8a Taxable interest. Attach Schedule B if required		8a	
b Tax-exempt interest. Do not include on line 8a		8b	
9a Ordinary dividends. Attach Schedule B if required		9a	
b Qualified dividends (see page 19)		9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)		10 478	
11 Alimony received		11	
12 Business income or (loss). Attach Schedule C or C-EZ		12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here		13	
14 Other gains or (losses). Attach Form 4797		14	
15a IRA distributions		15a	
b Taxable amount (see page 21)		15b	
16a Pensions and annuities		16a	
b Taxable amount (see page 22)		16b 533	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17 (16,603)	
18 Farm income or (loss). Attach Schedule F		18	
19 Unemployment compensation		19	
20a Social security benefits		20a 10,487	
b Taxable amount (see page 24)		20b	
21 Other income		21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income		22 13,867	
23 Educator expenses (see page 26)		23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ		24	
25 Health savings account deduction. Attach Form 8889		25	
26 Moving expenses. Attach Form 3903		26	
27 One-half of self-employment tax. Attach Schedule SE		27	
28 Self-employed SEP, SIMPLE, and qualified plans		28	
29 Self-employed health insurance deduction (see page 26)		29	
30 Penalty on early withdrawal of savings		30	
31a Alimony paid b Recipient's SSN		31a	
32 IRA deduction (see page 27)		32	
33 Student loan interest deduction (see page 30)		33	
34 Tuition and fees deduction. Attach Form 8917		34	
35 Domestic production activities deduction. Attach Form 8903		35	
36 Add lines 23 through 31a and 32 through 35		36	
37 Subtract line 36 from line 22. This is your adjusted gross income		37 13,867	

Tax and Credits

Standard Deduction for—

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 31.

• All others:
Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

38 13,867

39a Check ☐ You were born before January 2, 1943, ☐ Blind. ☐ Spouse was born before January 2, 1943, ☐ Blind. ☒ checked ▶ 39a

b If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here ▶ 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 8,699

41 Subtract line 40 from line 38 41 5,168

42 If line 38 is \$117,300, or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 42 10,200

44 Tax (see page 33). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐ Form(s) 8889 43 0

45 Alternative minimum tax (see page 36). Attach Form 6251 44 0

46 Add lines 44 and 45 45 0

47 Credit for child and dependent care expenses. Attach Form 2441 46

48 Credit for the elderly or the disabled. Attach Schedule R 47

49 Education credits. Attach Form 8863 48

50 Residential energy credits. Attach Form 5695 49

51 Foreign tax credit. Attach Form 1116 if required 50

52 Child tax credit (see page 39). Attach Form 8901 if required 51

53 Retirement savings contributions credit. Attach Form 8880 52

54 Credits from: a ☐ Form 8396 b ☐ Form 8859 c ☐ Form 8839 5355 Other credits: a ☐ Form 3800 b ☐ Form 8801 c ☐ Form 54

56 Add lines 47 through 55. These are your total credits 55

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- 56

Other Taxes

58 Self-employment tax. Attach Schedule SE 57 0

59 Unreported social security and Medicare tax from: a ☐ Form 4137 b ☐ Form 8919 58

60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required NO 59

61 Advance earned income credit payments from Form(s) W-2, box 9 60 53

62 Household employment taxes. Attach Schedule H 61

63 Add lines 57 through 62. This is your total tax 62

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 63 53

65 2007 estimated tax payments and amount applied from 2006 return 64 2,187

66a Earned income credit (EIC) 65

b Nontaxable combat pay election ▶ 66b 1,750

67 Excess social security and tier 1 RRTA tax withheld (see page 59) 66a

68 Additional child tax credit. Attach Form 8812 67

69 Amount paid with request for extension to file (see page 59) 68 2,000

70 Payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885 69

71 Refundable credit for prior year minimum tax from Form 8801, line 27 70

72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments 71

Refund

Direct deposit? See page 59 and fill in 74b, 74c, and 74d, or Form 8888.

73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid 72 5,937

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 73 5,884

b Routing number 0 7 1 0 0 0 5 0 5 ▶ 74a 5,884

c Account number 5 3 0 7 9 0 5 7 0 2 ▶ Type: ☒ Checking ☐ Savings

75 Amount of line 73 you want applied to your 2008 estimated tax 74

Amount You Owe

76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60 75

77 Estimated tax penalty (see page 61) 76

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? ☐ Yes. Complete the following. ☒ No

Designee's name Phone no. Personal identification number (PIN) ▶

Sign

Here

Joint return? See page 13. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
05239	02-08-2008	ACCOUNT REPRESENTATIVE	773-447-3331
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
Aamed Pryor MSA	03-03-2008	<input checked="" type="checkbox"/>	P00742810
Firm's name (or yours if self-employed), address, and ZIP code	EIN		
Pryor Instant Tax Service	37-1527879		
159 N MARION			
Oak Park	IL 60302		
	Phone no. 708-280-5443		

UNITED STATES BANKRUPTCY COURT

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X _____

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Jackson-Hill, Alodia L
Printed Name(s) of Debtor(s)

X /s/ Alodia L Jackson-Hill
Signature of Debtor

9/11/2008
Date

Case No. (if known) _____

X _____
Signature of Joint Debtor (if any)

Date